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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(b)		Docket Number (Optional) 030793-052100										
CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a))												
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop <u>Commissioner for Patents</u>, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at (703) 308-1921, on August 21, 2003.</p> <p><u>Heather M. Jones</u> Signature</p> <p>Name: <u>Heather M. Jones</u></p>												
<p>In re Application of Ronald W. MINK</p> <p>Application Number <u>09/973,956</u> Filed <u>10/11/2001</u></p> <p>For DEVICE FOR COLLECTION AND ASSAY OF ORAL FLUIDS</p> <p>Group Art Unit <u>1723</u> Examiner SORKIN, David L.</p>												
<p>This is a request under the provisions of 37 CFR 1.136(b) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$35/\$110)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)</td> <td>\$ <u>465.00</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)</td> <td>\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>August 21, 2003</u> Date</p> <p><u>Jeffrey A. Lindeman</u> Signature</p> <p><u>Jeffrey A. Lindeman, Reg. No. 34,658</u> Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$35/\$110)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)	\$ <u>465.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)	\$ _____
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)	\$ _____											

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